What is FC-VTP?

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Nothing to declare

- 1981 – Cases of PJP and Kaposi Sarcoma GRID
- 1982 – Cases in children who received transfusion and born to parents with risk factors

POSTNATAL TRANSMISSION OF AIDS-ASSOCIATED RETROVIRUS FROM MOTHER TO INFANT

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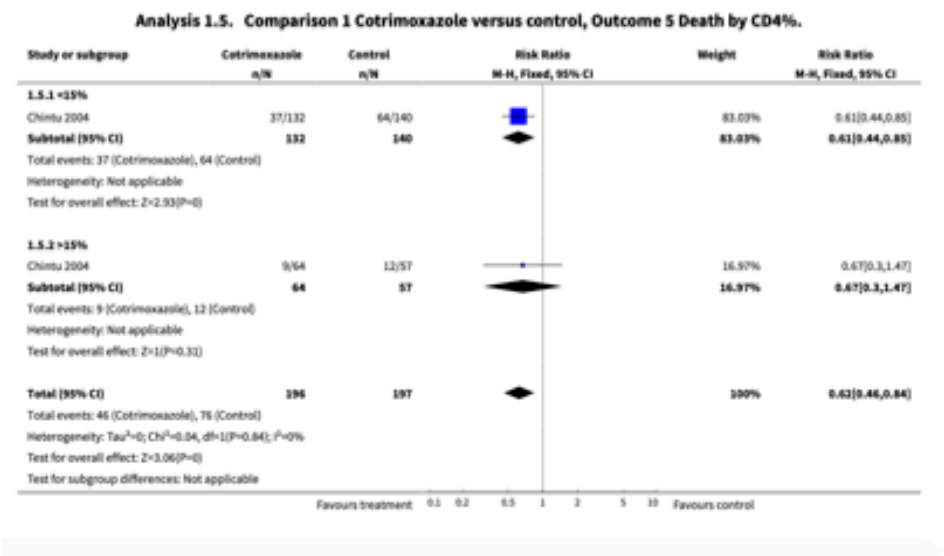
Lancet 1985

Prevention

- 1993 – ACTG 076
- 1999 - HIVNET 012
- “Option B+”



Analysis 1.5. Comparison 1 Cotrimoxazole versus control, Outcome 5 Death by CD4%.

Study or subgroup	Cotrimoxazole n/N	Control n/N	Risk Ratio M-H, Fixed, 95% CI	Weight	Risk Ratio M-H, Fixed, 95% CI
1.5.1 <15%					
Chintu 2004	37/132	64/140		83.03%	0.61[0.44,0.85]
Subtotal (95% CI)	**132**	**140**		**83.03%**	**0.61[0.44,0.85]**
Total events: 37 (Cotrimoxazole), 64 (Control)					
Heterogeneity: Not applicable					
Test for overall effect: Z=2.93(P=0)					
1.5.2 >15%					
Chintu 2004	9/64	12/57		16.97%	0.67[0.3,1.47]
Subtotal (95% CI)	**64**	**57**		**16.97%**	**0.67[0.3,1.47]**
Total events: 9 (Cotrimoxazole), 12 (Control)					
Heterogeneity: Not applicable					
Test for overall effect: Z=1(P=0.31)					
Total (95% CI)	**196**	**197**		**100%**	**0.62[0.46,0.84]**
Total events: 46 (Cotrimoxazole), 76 (Control)					
Heterogeneity: Tau^2=0; Chi^2=0.04, df=1(P=0.84); I^2=0%					
Test for overall effect: Z=3.06(P=0)					
Test for subgroup differences: Not applicable					

Favours treatment 0.1 0.2 0.5 1 2 5 10 Favours control

Lancet 2004

- Denver principles
- First in 1983

THE DENVER PRINCIPLES
We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness, and dependence upon the care of others.

"…not scapegoat people with AIDS, blame us for the epidemic or generalize about our lifestyle"

https://data.unaids.org/pub/externaldocument/2007/gipa1983denverprinciples_en.pdf

Words acknowledge or marginalize
W ords have a value judgement

- Infections
  - “corrupt, dirty, tainted’’ ➔ neutral words, such as ‘‘acquire’’ and ‘‘transmit’’
- HIV/AIDS - HIV (a virus) and AIDS (a clinical syndrome)
- Noncompliant – “illegal acts”
- Clean vs dirty – if I am clean are you dirty?
- Unsafe sex/ risky sex ➔condomless
- Sero-discordant ➔ mixed status
- Elimination vs ending
- Compliant
- Drug addict
- Prostitute
- Victim/ sufferer

People at the centre of the issue

- Describe what the person has and not what the person is
- The person is placed before the diagnosis

- Respect
- Dignity
- Understanding

Persons living with HIV

- Actual persons (not a mass of people)are being referred to
  - Even abbreviating to PLHIV can dull awareness
- Living – using the verb
- With HIV

- We affirm and emphasize our shared humanity

- We acknowledge that our identities, just as the identities of all human beings, are nuanced, evolving, and layered

pMTCT


December 1998
March 1999
June 1999
March 2000
2000
2001
April 2001
July 2002


2007
January 2008
February 2008
2008
June 2008
September 2008
Nov 2008 May 2009
December 2009

Mother to Child Transmission

- Accusatory tone, blaming the mother for ‘‘transmitting’’ the virus to her child
- Not conducive to male involvement
- Elimination = HIV may be part of the identity
- Focusing on the event, rather than the persons involved
- Placing onus, blame and guilt for transmission of HIV to the baby solely on mother

Lets listen to the community

- Comprehensive prevention of vertical transmission instead of MTCT
- Stopping or ending vertical transmission instead of elimination
- Internal and external stigma
- 13% of physicians still expressed discomfort treating PLWH
- LGBTQ phobia
- Issues around race

Letter to the Editor

Language, identity and HIV: why do we keep talking about the responsible and responsive use of language? Language matters

Sophie Dilmitis[1], Olive Edwards[2], Beri Hull[1,3], Shari Margolese[4], Naisiadet Mason[5], Angelina Namiba[6], Moono Nyambe[7], Susan Paxton[8], Silvia Petretti[9], Gracia Violeta Ross[10], Alice Welbourn[11] and Anna Zakowics[7]

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JAIS 2012

https://www.thewellproject.org/

https://www.thebodypro.com/

Person first vs identity language

- Some communities prefer identity first language
  - Person first language “diminishes”
  - May accentuate stigma

- One (HIV) is coming from the outside in to the person
- The other is integral to the person and a way of being.

- Consider the person, the community and their preference

J Child Psychol Psychiatry. 2017

https://peoplefirstcharter.org

FC-VTP

Family/Female Centered – Vertical Transmission Prevention

- Women are not simply “agents” towards the health of their infants and children
- The physical and mental wellbeing the woman is an important goal outside of the prevention of HIV acquisition to her infant
- Acknowledge the role of intimate parted and the support structures in the family and community

FC-VTP

Family/Female Centered – Vertical Transmission Prevention

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Family-Centred Transmission Prevention of Communicable Infections

- An additional emphasis on other conditions that are transmitted in the perinatal period
- Tuberculosis and Syphilis (hepatitis malaria listeria etc)

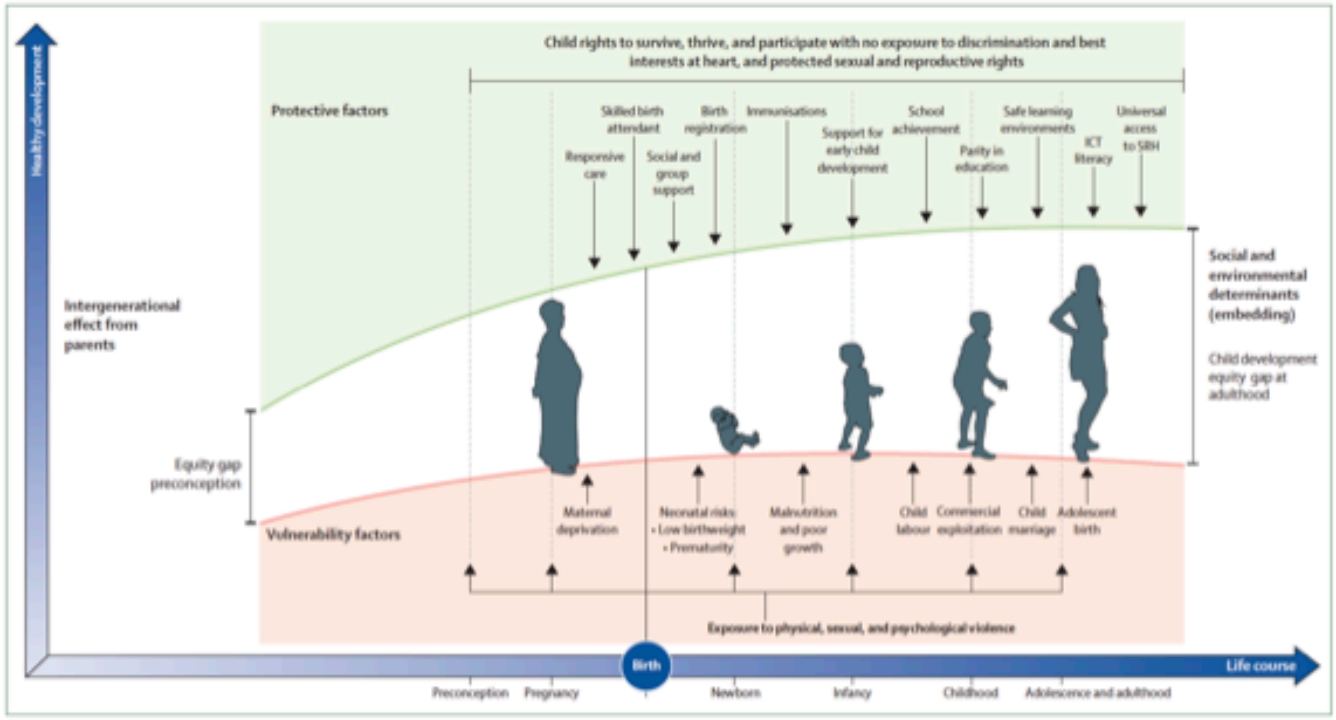
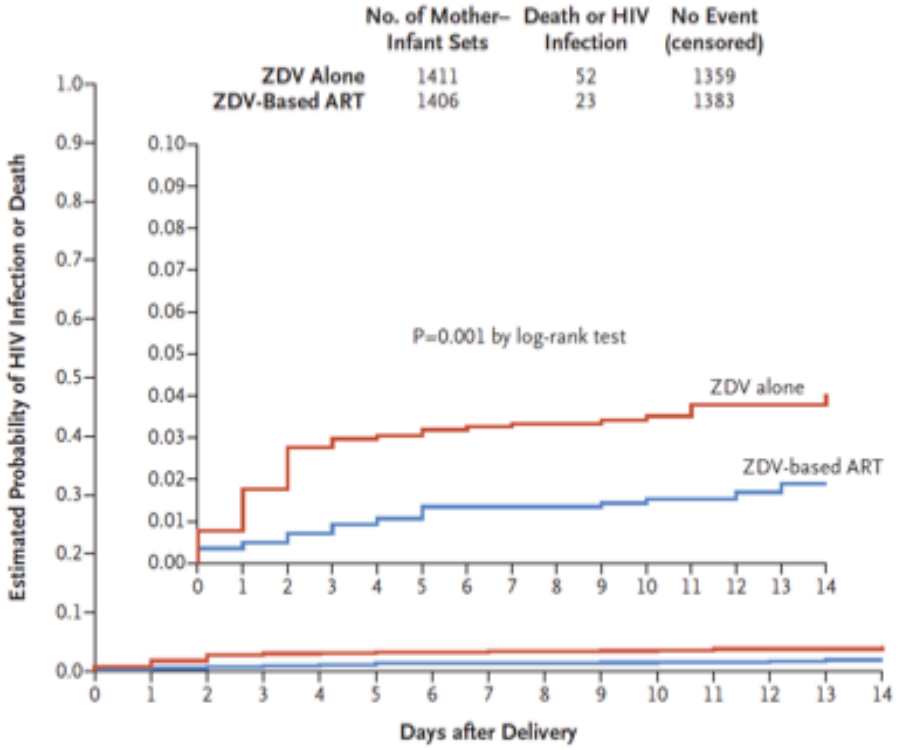
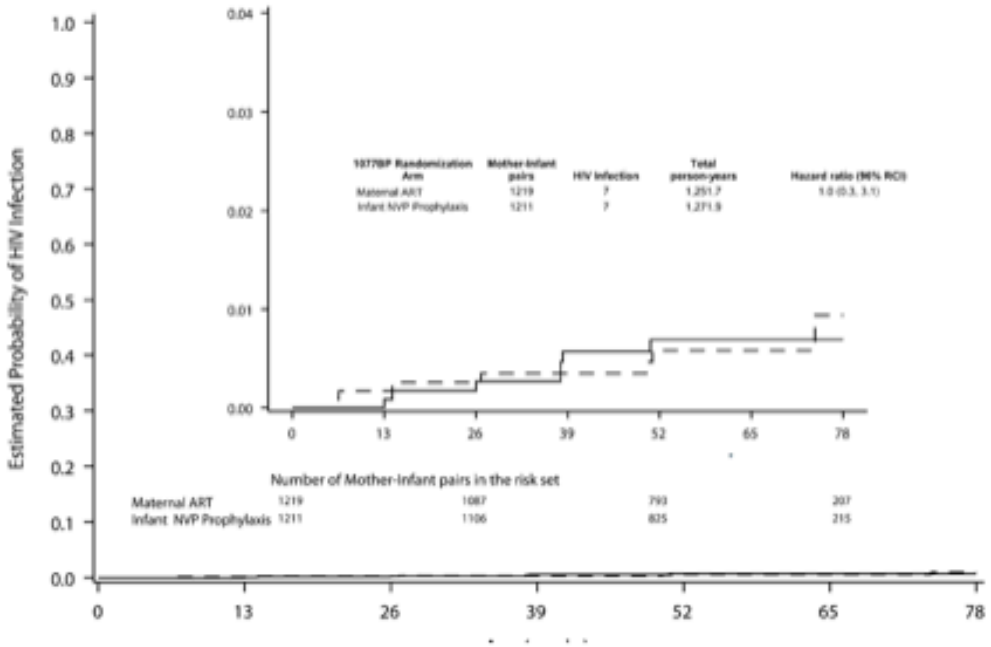


Figure 1: Sustainable Development Goals measuring protective and risk factors for child wellbeing across the life course
ICT=information communication technology. SRH=sexual and reproductive health.

There is excellent evidence that maternal ART prevents HIV transmission though pregnancy and breastfeeding



NEJM 2016

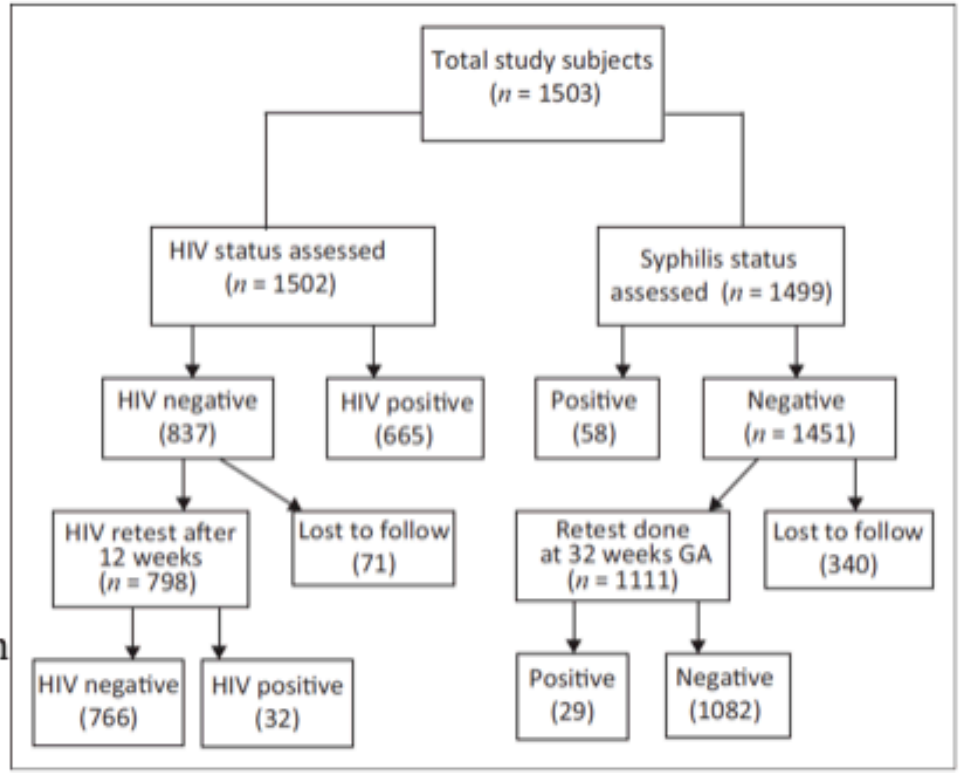


JAIS 2018

Acquiring HIV during pregnancy and during breastfeeding

	HIV	Syphilis
Prevalence	44.3%	3.8%
Incidence	4% 17.1 /100 py	2.6% 10.9/100 py

Kwadabeka Community Health Centre on the out skirts of Durban



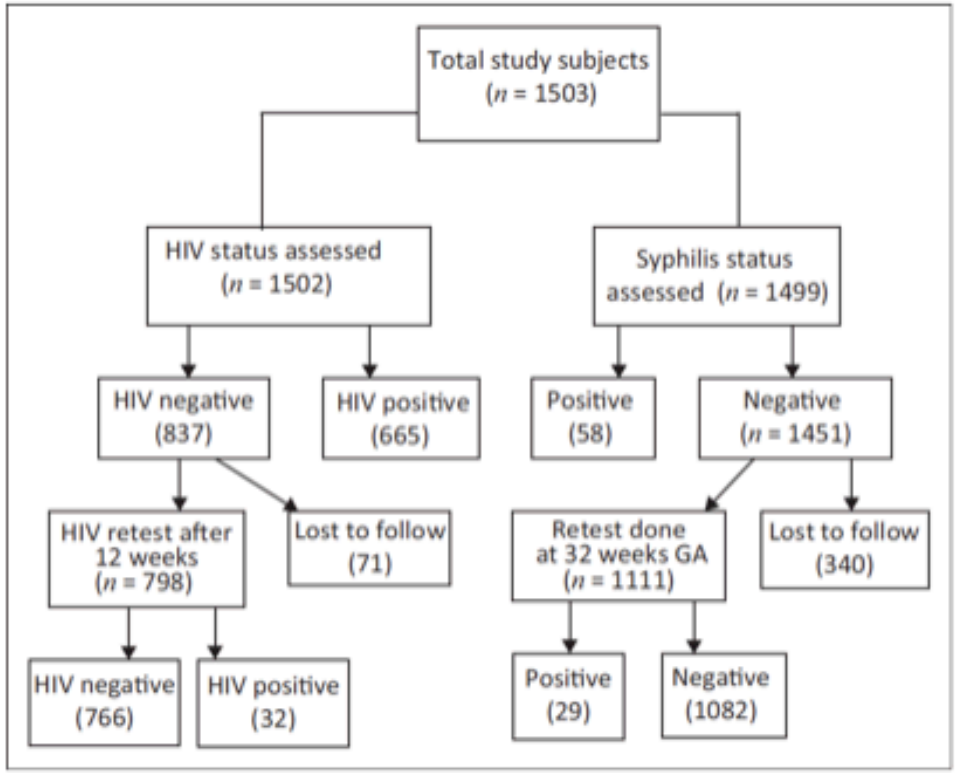
SAJID 2021

Acquiring HIV during pregnancy and during breastfeeding

- Kwadabeka Community Health Centre on the out skirts of Durban

	HIV	Syphilis
Prevalence	44.3%	3.8%
Incidence	4% 17.1 /100 py	2.6% 10.9/100 py

Maternal syphilis associated with infant acquiring HIV AFTER adjusting for HIV viral load
Co-infected infants were significantly more likely to be born to mothers with VDRL titers ≥1:16 and higher viral loads



AIDS 2006 , PIDJ 2016

SAJID 2021

Detectable HIV RNA at the time of delivery is common

8147 live births in Gauteng

- <50 =63%
- 50-1000 = 13.9%
- >1000 22.4%

65/4333 (1.5%) transmissions

- 91% of transmission events vl >50copies at delivery

Variables	Total N = 2769	Location of TOU: Johannesburg B, n = 1230	Johannesburg D, n = 693	Johannesburg F, n = 309	
Total live births to WLHIV	8147	2103	3324	1543	
Minimum PoC VL testing coverage*	34.0%	58.5%	20.8%	20.0%	
Maximum PoC VL testing coverage†	48.6%	90.0%	28.2%	28.6%	
VL suppression threshold					
<50 cps/mL	1762 (63.6%)	815 (66.3%)	445 (64.2%)	207 (67.0%)	2
≥50 cps/mL	1007 (36.4%)	415 (33.7%)	248 (35.8%)	102 (33.0%)	2
VL suppression threshold					
50 to <1000 cps/mL	386 (13.9%)	161 (13.1%)	92 (13.3%)	44 (14.2%)	
VL suppression threshold					
<1000 cps/mL	2148 (77.6%)	976 (79.4%)	537 (77.5%)	251 (81.2%)	2
≥1000 cps/mL	621 (22.4%)	254 (20.7%)	156 (22.5%)	58 (18.8%)	1
Quarter of the year‡					
July–September 2018	862 (34.5%)	448 (41.1%)	144 (22.9%)	96 (34.0%)	1
October–December 2018	802 (32.1%)	317 (29.1%)	199 (31.7%)	141 (50.0%)	1
January–March 2019	838 (33.5%)	324 (29.8%)	285 (45.4%)	45 (16.0%)	1

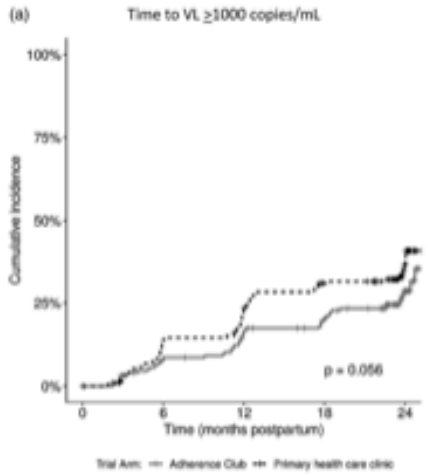
*Denominator includes the total number of live births to WLHIV during the study period.
†Denominator includes the number of live births to WLHIV occurring on weekdays only during the study period.
‡June 2018, the first month of study initiation is excluded [n = 267 (9·6%) overall].
N, number; cps/mL, copies per milliliter.

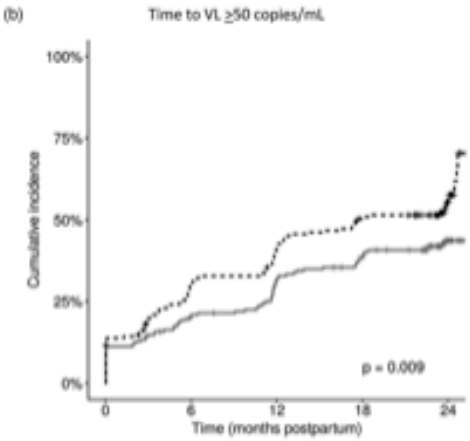
JAIDS 2020

Detectable HIV RNA in post partum period is common

409 children enrolled with VL<1000 copies/mL
88% <50 copies

	AC		PHC	
	1000	50	1000	50
12 months	16%	32%	23%	42%
24 months	29%	44%	37%	56%





AIDS 2022

What do women value

- A desire to reduce vertical transmission
- Healthy child
- Concern about side effects of medication on the fetus and baby
- Desire for their own health
- Concern about side effects and pill burden.

- Women were balancing the desirable and undesirable

BMJ 2017

What are their challenges

- Increase risk of peripartum depression and adherence challenge
- Guilt
- Stigma
- Navigation away from MOU to ART

CID 2021
AIDS Behv 2017

What can we expect

WLHIV

- Reflex testing for cryptococcal infection in CD4<100 (this may change)
- Routine GeneXpert(MTB/Rif Ultra)
- Hepatitis B screening not routine
- Tuberculosis preventative therapy
- Viral load at birth
- Enhanced viral load monitoring though out pregnancy and breastfeeding

- Retest HIV :
  - 10-week visit
  - Three months postpartum then the six-month visit, and every three months whilst breastfeeding
  - Test at least every year
- Testing for syphilis every 3 months in pregnancy

Resistance ?

After first vl >50 intervention and conformation – 4 weeks

Consider resistance if

- TLD for at least 2 years AND
- VLs ≥ 1000c/mL at least 2 AND
- Adherence > 80% 5

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What do we do with the baby

- All moms get a delivery viral load
- All infants get a birth PCR
- All infants will initiate AZT and NVP
- Why give AZT to every one
  - Easier to implement
  - If infants don't come back "they are covered"
  - May strengthen the F/U visit messaging
  - AZT wastage +/- 6 %

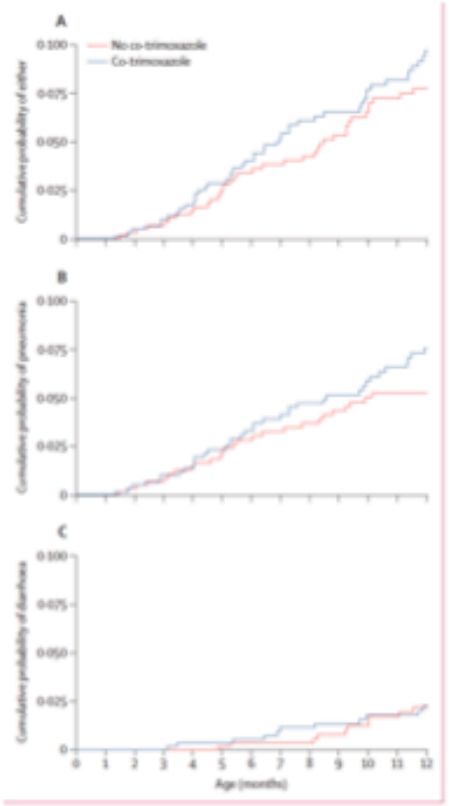
Action based on maternal VL at BIRTH

VL at delivery	Feeding choice	AZT twice a day	NVP once a day
VL< 50 copies/mL	BF	Stop with birth VL RESULT on day 3	6 weeks continue to monitor maternal VL every 6 months
	FF	Stop with birth VL RESULT on day 3	6 weeks
VL > 50 copies/mL	BF	6 weeks .	12 weeks and until VL <50 copies OF BF stopped 4 weeks Monitor VL
	FF	6 weeks	6 weeks

Test for HV regularly though out pregnancy and breastfeeding
Birth PCR positive = transmission occurred repeat PCR or VL and escalate to therapy
Birth PCR negative = complete prevention monitor and support mom and baby retest 6 months
18 months 6 weeks after BF stopped

What are we not giving?

- Cumulative evidence that cotrimoxazole prevention for infants with in utero HIV exposure and a negative PCR at birth is not needed



Lancet Glob Health 2019

What about new HIV or new detectable HIV RNA v during breastfeeding

- Adherence support
- Testing infant
- Provide prevention
  - AZT NVP

- Breastfeed! – mostly yes!

In a gentle way you can shake the world

Ghandi

Thank you

Amy Slogrove